Maine Integrated Health Management Solution

Enrollment Guide for In-State Facilities, Agencies, and Organizations

Version 7.0

Revision History

Version	Date	Author	Action/Summary of Changes	Status
6.1	10/31/2014	Ryan Albrecht	Updates per CR33834 CAQH CORE III and to current documentation standards	Draft
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1. Introduction

A facility/agency/organization (FAO) provider is an entity that provides health care services. FAO providers include hospitals, home health agencies, mental health clinics, nursing facilities, laboratories, group homes, residential facilities, and so on. These providers can operate either under a Type 1 Individual National Provider Identifier (NPI) as a sole proprietorship or under a Type 2 Organization NPI.

> FAO providers also include atypical providers (free standing day habilitation, fiscal employer agent, and transportation services). Although some atypical providers have obtained NPIs, it is not a requirement for enrollment. For atypical providers that have not obtained an NPI, an Atypical Provider Identification number (API) is assigned when their application is entered into the MIHMS Health PAS Online Portal (online portal).

> An FAO might or might not have rendering providers associated to it, depending on the type of services provided, as defined in MaineCare policy. The individual practitioners are associated to the FAO provider as rendering providers with a Type 1 Individual NPI.

This *Enrollment Guide for In-State Facilities, Agencies, and Organizations* describes the enrollment process for all facilities, agencies, organizations, and atypical providers that are located in the state of Maine.

If the provider that is enrolling is not in a provider group, an incorporated individual provider, or located in Maine, refer to the appropriate document:

- *Enrollment Guide for In-State Individual Providers*

- *Enrollment Guide for In-State Provider Groups*

- *Enrollment Guide for Out-of-State Providers*

- *Enrollment Guide for Non-Medicaid Providers*

These documents are found in the **Provider Enrollment** link under **Provider Documents** shown on the left menu of the **Provider Tab** on the online portal.

In the following sections, is a list of the information that must be readily available before starting the enrollment process as well as a detailed description of how to complete each of the enrollment steps.

2. Information Needed

Before beginning the enrollment process, gather all of the information necessary to enter during each step. When enrolling a facility, agency, organization, or atypical provider, it will be useful to have the following information, forms, and other documents on hand:

For the Pay-To provider:

- NPI (if not atypical)
- Tax ID—Federal Employer Identification Number (FEIN) and/or Social Security Number (SSN)
- Name, title, and email address of the office contact person
- Phone numbers—primary (required), secondary, emergency, mobile, and fax
- A copy of the provider's W-9 form

For owners and/or board members:

- The name, FEIN or SSN, tenure dates, and address information for all owners and/or board members
- Information regarding sanctions, exclusions, or convictions of owners and/or board members

- Information regarding owners' and/or board members' participation in other organizations that bill Medicaid for services
- The relationships among owners and/or board members
- Information regarding the provider, owners, and employees with respect to certain legal situations

For service locations:

- The physical and mailing addresses of the provider's service location(s)
- The current Medicaid IDs assigned to the provider's service location(s)
- A list of any languages spoken by the provider and his or her staff, in addition to English
- General information about each service location, such as accessibility, office hours, whether the service location is accepting new patients, and the age range and gender restriction for patients
- The provider type/specialty pairs that represent the provider's practice, as well as all licensing and certification documents for those provider type/specialty pairs
- Information about the individual facilities, including whether the facility has a gero-psychiatric unit or a distinct part unit, the groups of people that the facility services (i.e., children, adults, etc.), fiscal year end date, and the number and types of beds in the facility
- Information about participation in MaineCare programs, including specifics for the Primary Care Case Management program, if applicable
- Providers designated as Speech/Hearing Therapist Groups and certain Schools will need the actual hire dates for any qualified audiologists and qualified speech language professionals they employ at each service location in order to get the highest reimbursement

For rendering providers, as applicable:

- Each rendering provider's NPI, name, address, gender, phone number, and fax number
- The provider type/specialty pairs that represent the provider's practice, as well as all licensing and certification documents for those provider type/specialty pairs
- Information about participation in the Primary Care Case Management program, if applicable
- A list of the service locations to which the provider is affiliated

For financial electronic funds transfer (EFT) information:

- Provider's account number with financial institution and the type of account
- Name on the account
- Financial institution routing number
- Financial institution name, address, city, state, zip code and telephone number
- Vendor/provider email address for EFT information

3. System Requirements

To successfully use all provider enrollment features of the online portal, ensure that computer systems meets the following minimum requirements:

Reliable online connection

Web browser—the latest version of Microsoft Internet Explorer is recommended. As new versions of Internet Explorer become available it is recommended that these versions are used.

The latest version of Adobe Acrobat Reader

4. About the User Interface

4.1 Change the Text Size

Every window of the provider enrollment application allows the user to customize the size of the displayed text, as shown in **Figure 4-1** below.

Figure 4-1: Text Size Buttons in Title Bar

Initially, the text is shown in its smallest available size and only the Increase Text Size button appears in the title bar. By clicking the **Increase Text Size** button, the text size increases and the Decrease Text Size button appears.

Adjust the text size to suit, as needed. The selection endures until the user changes it again.

4.2 Use the Navigation Features

Every window of the enrollment application has a set of standard navigation features, including:

The left menu. Shown on the left side of each page in **Figure 4-2** below, The left menu provides a list of all the enrollment steps, to guide the user to where they are in the process. Note that, although the menu items are clickable, it is recommended to not skip from one step to another during the initial completion of the enrollment application.

The standard buttons. Located below the fields on each enrollment application window are a set of buttons that enable the user to perform certain actions, as shown in **Figure 4-2** below. The available actions depend on the purpose of the window. However, most windows include the **Next, Previous**, and **Save and Close** buttons, which allow the user to navigate to the next window, go back to the previous window, or save the application in its incomplete state, respectively.

The locations of these features are shown in **Figure 4-2** below.

Figure 4-2: Locations of the Left Menu & Standard Buttons

Notice that there are header fields, which will appear on every Provider Enrollment window, as shown in **Figure 4-3** below.

Figure 4-3: Header Fields

The top line shows the window name and an indicator of how the provider enumerated their NPI.

The second line shows the Pay-To provider ID, the enrollment case number, and the enrollment application status.

Additional information, such as service location name or rendering provider name, can appear in the header fields, depending on the window being viewed. The header field content is appropriate to the context of the window.

5.   Reference Materials:

There are three Reference Guides available to assist users in their enrollment. These are located on the **Provider Tab** of the online portal, under **Provider Documents**, **Provider Enrollment**, under the **Special Tools folder.**

The Reference Guides for enrollment are:

- *Reference Guide for Valid Provider Type-Specialty Pairs*

- *Reference Guide for Allowed Services by Provider Types*

- *Reference Guide for Standard Abbreviations and Postal Information*

6.   Choose the Correct Provider Enrollment Link

On the online portal Provider Tab, users have access to a series of quick links. The links, which are located on the far left side of the Provider page, are shown in the **Figure 6-1** below.
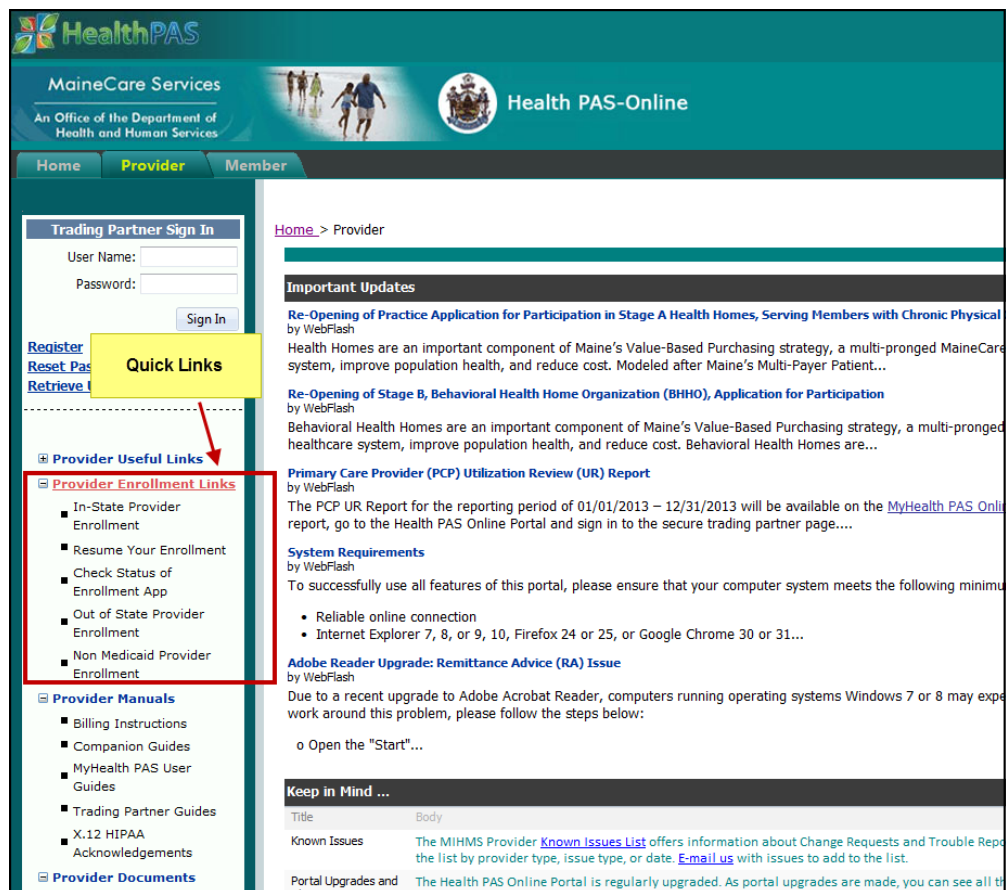

Figure 6-1: Quick Links on the Provider Tab

To begin an in-state enrollment, choose the **Provider Tab**. Select the **Provider Enrollment** links, choose **In-State Provider Enrollment**. After clicking the link, the Start Re-Enrollment window is displayed. Continue to the next section.

7. Provide Enumeration Information

The first Provider Enrollment window is the Start Re-Enrollment window, as shown in **Figure 7-1** below.

Figure 7-1: Start Re-Enrollment Window

On this window, specify how the provider has enumerated under the Centers for Medicare and Medicaid Services (CMS) NPI Registry rules. Required fields are indicated by a red asterisk. Follow these steps:

> Choose the NPI type that is registered with National Plan and Provider Enrollment System (NPPES) in the drop down labeled **Enumerated with NPI Registry As**. If the provider is not required to obtain an NPI, choose Atypical. This is required information.

> In the **Pay-To NPI or Atypical Provider ID** field, supply the NPI. For non-atypical providers, this is a required field. This field will not display for atypical providers.

> In the **Tax ID Type** drop down, indicate which Tax ID type is registered with the IRS on the Form 1099 for this provider entity, either Federal Employer Identification Number (FEIN) or Social Security Number (SSN).

For a facility, agency, organization, or atypical provider, it is required to supply the provider's FEIN. Later in the application, the provider's SSN may be supplied, if available.

After making the selection in this drop down, the fields below are labeled to reflect the tax ID type that was selected.

> In the **FEIN/SSN** field, specify the provider's Federal Employer Identification Number or Social Security Number as appropriate. Repeat the identical number in the **Retype FEIN/SSN** field.

Verify that the information on this window is correct, and make any necessary modifications.

Do one of the following:

- To submit the information entered and continue to the next enrollment step, click the **Start Re-enrollment** button. Continue with the next section.
- To cancel all changes, click the **Cancel** button.

8.   Complete the Pay-To Provider Segment

8.1   Verify Enumeration Information and Provide Business Contact Information

The initial Business Information window displays the enumeration information contained in the CMS NPI Registry for the NPI the user supplied on the Start Re-enrollment window and enables the user to specify contact information. An example of this window appears in **Figure 8-1** below.

Figure 8-1: Business Information Window

Notice that the following fields are displayed below the header bar:

Pay-To Provider ID field, which shows the NPI which was provided on the Start Re-Enrollment window. The Enrollment Case # field, which shows the application's case number. The user will need this number later to perform such actions as continuing or modifying the enrollment application.
The Status field, which provides the indicator of the application's status. Because the user is entering application information for the first time, this field displays NEW.

1.   In the Tax ID Type section, will show the FEIN the user provided on the Start Re-Enrollment window. If the provider also has an SSN, the user may enter it in the **SSN** and **Retype SSN** fields. As on the Start Re-Enrollment window, the numbers in these two fields must be identical.

2. In the Name section, it is necessary to supply the name of the Organization enrolling as it appears on the W-9 on the line labeled "Name (as shown on the organization's income tax return)." Refer to the preprinted labels from the IRS on documents such as income tax returns, payroll deposit coupons or similar filings to verify the name and TIN that the IRS has on file for the entity. If the name shown there does not match the W-9, choose the checkbox which allows the user to edit the Organization name, see **Figure 8-1** above.

NOTE: *Any changes made to the name information on this window affect only the provider's enrollment application. To make changes in the NPI record, the user must also contact CMS and follow their procedures.*

If the NPI and name information are both correct, continue with the next step.

3. In the Office Contact section, provide contact information for the provider.
    a. In the Contact Name field, type the contact person's name. This is a required field.
    b. In the Title field, specify the contact person's title. Examples of titles include Office Manager, Administrative Assistant, and M.D.
    c. In the Email field, type the contact person's business (or work) email address. The email address should be in the format *userid@domain.com*. This is a required field.

NOTE: *An email containing the Enrollment Case Number (ECN) will be sent to this address. If the email does not arrive in the recipient's Inbox, check the Junk mail or the SPAM folder.*

    d. In the Retype Email field, retype the email address as it was entered in the previous field.

4. In the Pay-To section, provide phone numbers. In the Primary Phone, Secondary Phone, Emergency Phone, Mobile Phone, and Fax fields, any numbers associated with the NPI number are populated automatically. Of these fields, only the Primary Phone field is required.

NOTE: *The numbers displayed may be modified, but the changes will affect only the provider's enrollment application. To make changes in the NPI record, the user must contact CMS and follow their procedures.*

Do one of the following:

- To save the enrollment and continue to the next window, click the **Next** button.
- To save and continue with the enrollment process later, click the **Save and Close** button.
- To cancel all changes, click the **Delete** button.

8.2 Indicate Pay-To/W-9 Address, Type of Entity, and Exempt Payee Status

On the Address Information window, the user may specify the Pay-To/W-9 address and the type of business entity. The Address Information window is shown in **Figure 8-2** below.

Figure 8-2: Address Information

Follow these steps to specify the Pay-To/W-9 address and other information.

NOTE: This information must match the information that appears on the provider's W-9 form.

1. In the Pay-To/W-9 Information fields, provide the name and address information that appears on the provider's W-9 form.

   a. In the Pay-To/W-9 Name field, type the provider's legal name. This is a required field.

   b. In the W-9 Business Name field, type the business name, if it differs from the provider's name. Follow the specific instructions that appear on page 2 of the W-9 form and apply the same rules here.

   c. In the Address 1 field, type the first line of the Pay-To/W-9 address. This is a required field.

   d. In the Address 2 field, type the second line of the address, if applicable. Do not enter city and/or state on this line.

   e. In the ZIP/Postal Code field, type the ZIP or postal code for this address. This is a required field.

   f. After entering the ZIP or Postal Code, the City, County, State/Province and Country fields are automatically populated. Verify that these fields contain the correct information.

2. In the Type of Tax Entity field, choose the type of business entity noted on the provider's W-9 form. This is a required field. If the Other option is selected, an explanation is required in the field that appears.

3. In the Exempt Payee field, indicate whether the provider is exempt from backup withholding. This is a required field.

In general, this does not apply to individuals (including sole proprietors). Corporations are exempt from backup withholding for certain types of payments (for example, interest and dividends).

Refer to the W-9 form instructions (available from the Internal Revenue Service or from http://www.irs.gov) for additional information.

Do one of the following:

- To save the enrollment and continue to the next window, click the **Next** button.
- To save the enrollment and return to the previous window, click the **Previous** button.
- To save and continue with the enrollment process later, click the **Save and Close** button.

8.3   Identify Owners or Board Members

Federal Medicaid regulation 42 CFR §455.104 requires providers to disclose ownership information. In the next three windows, users will be asked to provide demographic and legal information for all owners or board members with five percent (5%) or greater shareholding in the organization.

On the Ownership/Board window, as shown in **Figure 8-4** below, enter the owners' or board members' names and addresses.

NOTE: It is required to provide information about at least one owner.

Figure 8-3: Ownership Information

To create the list of owners or board members, follow these steps:

1. Select the radio button to indicate whether the person the user is describing is an owner or a board member. This is a required field

2. Type the first and last names of the owner or board member in the First Name and Last Name fields, respectively. These are required fields.

If the owner the user is describing is an organization, specify that organization's FEIN in the FEIN field. This field is required only if the owner is an organization.

In the Begin Date and End Date fields, indicate the dates of the owner's or board member's tenure. (Ensure the dates are entered in the format MM/DD/YYYY.) The Begin Date is a required field.

Complete the address fields.

   a. In the Street Address 1 field, type the first line of the owner or board member's street address. This is a required field.
   b. If applicable, type the second line of the street address in the Street Address 2 field. Do not enter the city and/or state in this field.
   c. In the ZIP/Postal Code field, type the ZIP or postal code for this address. This is a required field.
   d. After entering the ZIP or Postal Code, the City, County, State/Province and Country fields are automatically populated. Verify that these fields contain the correct information.
   e. Indicate whether the owner or board member the user has identified has ever been sanctioned, excluded, or convicted of a criminal offense related to Medicare, Medicaid, or any federal agency or program, as specified in Federal Medicaid regulation 42 CFR §455.104. Choose either **Yes** or **No**.

3. Do one of the following:

   a. To add the current owner or board member and add another owner or board member, click the **Add Owner/Board Member** button.

   b. To add the current owner or board member and continue to the next step, click the **Add Owner/Board Member** button, and then click the **Next** button. Proceed with the next section.

   c. If one or more owners or board members have been entered and the supporting information must be edited, select the person in the **Owner/Board Members table**. The online portal automatically displays the supporting fields, containing the information supplied previously. Edit the supporting information as necessary, and then click **Save Owner/Board Member** to save the changes.

   d. If the user has entered or edited one or more owners or board members but must discard the changes, click the **Cancel Edit** button. .

   e. To remove an owner or board member from the list, select the person in the **Owner/Board Members table**. Click the **Delete** button. The online portal removes the owner or board member from the list.

To save the enrollment and return to the previous window, click the **Previous** button.

To save and continue with the enrollment process later, click the **Save and Close** button.

8.4   Define Owner Relationships

After identifying all owners and/or board members, the next step is to define relationships among those owners as well as the owners' and/or board members' relationships to other organizations that bill Medicaid for services. An example of the Owner Relationships window appears in **Figure 8-4** below.

Figure 8-4: Owner Relationships

Notice that there are two panes on this window, and each pane contains an initial question that must be answered. In either pane, if the response is **Yes** to the question, the remaining fields in the pane must be completed, as indicated.

To complete the Relationships pane, follow these steps:

1. Indicate whether any owners or board members are related as spouses, siblings, or parents and children. Do one of the following:

   o If there are related owners or board members, choose **Yes** and continue.
   o If there are no related owners or board members, choose **No** and skip to the instructions for the **Other Ownership or Control Interest** pane.

2. Indicate which owners are related to one another by choosing their names from the Owner 1 and Owner 2 lists and select the type of relationship from the Relationship list.

3. Click the **Add Relationship** button to save the relationship data and add a summary to the table in this pane.

4. Repeat steps 2 and 3 until all relationships are defined. If there are no more relationships to define, continue with the instructions for the **Other Ownership or Control Interest** pane.

In the **Other Ownership or Control Interest** pane, the user must identify any other organization that bills Medicaid for services to which an owner or board member has ownership or controls interest. Follow these steps:

1. Indicate whether any owners or board members have ownership or control interest in other organizations that bill Medicaid for services. Do one of the following:

   a. If this situation applies, choose **Yes** and continue.

   b. If this situation does not apply, choose **No**. There are no additional fields to complete.

2. In the Business Name field, type the name of the organization that the owner or board member owns or in which they have a controlling interest. This is a required field.

3. In the NPI/Medicaid ID field, specify the NPI associated with the organization. This is a required field.

4. In the FEIN/SSN field, specify the FEIN or SSN associated with the organization. This is a required field.

5. Complete the address fields. Unless otherwise noted, all fields are required.

   a. In the Address 1 field, type the first line of the organization's street address.
   b. If applicable, type the second line of the street address in the Address 2 field. Do not enter city and/or state in this field.
   c. In the ZIP/Postal Code field, type the ZIP or postal code for this address.
   d. After entering the ZIP or Postal Code, the City, County, State/Province and Country fields are automatically populated. Verify that these fields contain the correct information

Do one of the following:

- To add this organization, click the **Add Interest** button. A summary of the organization's information appears in the table.
- To cancel the addition of this organization, click the **Cancel Add** button.

Do one of the following:

- If the user has added an interest and another interest must be added, return to **step 1**.
- To save the enrollment and continue to the next window, click the **Next** button.
- To save the enrollment and return to the previous window, click the **Previous** button.
- To save and continue the enrollment process later, click the **Save and Close** button.

8.5   Respond to Business Questions

After defining any owner relationships, the user must respond to a set of business questions. An example of the Owner Business Questions window is shown in **Figure 8-5** below.

Figure 8-5: Owner Business Questions

To complete this window, carefully read and consider each question and then select a response. All questions are required.

*NOTE: If a response is **Yes** to certain questions, a follow-up question will appear. In these cases, the user must also respond to the follow-up question. Use the red asterisks (*) that appear to determine what fields are required.*

After responding to all questions on this window, do one of the following:

1. To save the enrollment and continue to the next window, click the **Next** button.
2. To save the enrollment and return to the previous window, click the **Previous** button.
3. To save and continue with the enrollment process later, click the **Save and Close** button.

8.6   Provide Legal Information

The final window in the Pay-To segment is the Legal Information window. This contains another set of questions to which the user must respond. An example of this window is shown in **Figure 8-6** below.

Figure 8-6: Legal Information

To complete this window, carefully read and consider each question and then select a response. All questions are required.

*NOTE: It is required to provide an explanation for each **Yes** response in the Explanation box at the bottom of the window. Be complete and thorough in the explanation(s).*

After responding to all questions on this window, do one of the following:

- To save the enrollment and continue to the next window, click the **Next** button.
- To save the enrollment and return to the previous window, click the **Previous** button.
- To save and continue with the process later, click the **Save and Close** button.

9. Complete the Service Location Segment

9.1 Overview

In the Service Location segment, the user can identify all service locations for the provider being enrolled, as well as, provide demographic and provider type-specialty information for each service location. The user must fully describe one service location before identifying and describing subsequent service locations.

Each service location must be supplied a unique name, which will be used to identify the location when submitting claims. In addition, each service location is assigned a three-digit number which, when appended to the end of the provider's Pay-To NPI, creates a unique numeric identifier for each service location.

9.2   Provide a Service Location Name

Identify a name for the service location. If enrolling with multiple service locations, each location must have a unique name. On the Add Service Location window, as shown in **Figure 9-1** below, provide a designator that will help to easily identify this service location later, such as "Main Street office" or "Augusta location."

Figure 9-1: Add Service Location

Type the name of the service location in the Site Name field, and then click **Add**. The online portal displays the Service Location window. Continue with the next section.

9.3   Specify Addresses and Provider Directory Information

After specifying a name for the service location, the user must supply address information and, optionally, other information for inclusion in the MaineCare Provider Directory. An example of the Service Location window is shown in **Figure 9-2** below.

Figure 9-2: Service Location

To complete the address information on this window, follow these steps:

1. Indicate the service location's physical address. If this physical address is the same as the Pay-To/W-9 address that was specified previously, click the **Set Same as Pay-To/W-9 Address** button. The online portal automatically populates the address fields below this button.

2. If the physical address is different from the Pay-To/W-9 address, complete the address fields.

b. In the Address 1 field, type the first line of the physical address. A street address must be specified in this field, **not a post office box**. This is a required field.

c. If applicable, type the second line of the physical address in the Address 2 field. Do not enter city and/or state in this field.

d. In the ZIP/Postal Code field, type the ZIP or postal code for this address. This is a required field.

e. After entering the ZIP or Postal Code, the City, County, State/Province and Country fields are automatically populated. Verify that these fields contain the correct information.

f. In the Phone field, specify the service location's phone number. This is a required field.

g. In the Fax field, specify the service location's fax number, if available.

Indicate the service location's mailing address. If this mailing address is the same as the Pay-To/W-9 address that was specified previously, click the **Set Same as Pay-To/W-9 Address** button. The online portal automatically populates the address fields below this button.

3. If the mailing address is different from the Pay-To/W-9 address, complete the address fields.

a. In the Address 1 field, type the first line of the physical address. This is a required field.

b. If applicable, type the second line of the physical address in the Address 2 field. Do not enter city and/or state in this field.

c. In the ZIP/Postal Code field, type the ZIP or postal code for this address. This is a required field.

d. After entering the ZIP or Postal Code, the City, County, State/Province and Country fields are automatically populated. Verify that these fields contain the correct information.

The remaining fields on this window request information for the MaineCare Provider Directory. If the provider participates in the Primary Care Case Management (PCCM) program, these fields are required. If the provider does not participate in PCCM, the fields are optional.

To complete the provider directory fields, follow these steps:

4. In the Current Medicaid IDs for This Service Location area, list all of the old MaineCare identification numbers previously assigned to or used by this service location.

o To add a MaineCare ID, type the number in the Medicaid ID box and click the **Add** button. The online portal adds the number to the list.

o To remove a MaineCare ID from the list, select a number from the list and click the **Delete** button.

5. If the provider(s) or other staff members at this service location speak one or more languages in addition to English, check the boxes next to the appropriate languages in the Additional Languages Spoken field.

6. In the Office Hours table, indicate when services are available at the service location for each day of the week.

o For days when services are not available, click the **checkbox** next to Closed.

o For days when services are available, indicate the times between which the service location is open. Use the format HH:MM to indicate the time, and specify AM or PM as appropriate for each time. Note that noon is 12:00 p.m. and midnight is 12:00 a.m.

NOTE: Office hours information must be supplied for all seven days.

7. In the Handicap Accessible field, indicate whether this service location is accessible. Choose either **Yes** or **No.**

8. In the Accepting New Patients field, indicate whether this service location is accepting new patients. Choose either **Yes** or **No**.

9. In the Patient Age fields, indicate the minimum and maximum ages of patients that can receive services at this location. For infants, specify 0 years. For maximum age, the greatest allowed value is 112 years.

10. In the Gender Restriction field, Indicate whether there is a gender restriction for patients at this location. Do one of the following:
    o If there is no gender restriction, select **None**.
    o If services are restricted to female patients only, select **Female Only**.
    o If services are restricted to male patients only, select **Male Only**.

After completing the fields on this window, do one of the following:

- To save the enrollment and continue to the next window, click the **Next** button.
- To save the enrollment and return to the previous window, click the **Previous** button.
- To save and continue with the enrollment process later, click the **Save and Close** button.
- To delete this service location, click the **Delete** button.

9.4   Select and Define Provider Types and Specialties

After specifying an address and, optionally, provider directory information, the user must select and define the provider types and specialties that describe the provider's practice at the current service location. On the Provider Type and Specialty window, the user can add one or more provider type-specialty pairs. An example of the Provider Type and Specialty window is shown in **Figure 9-3** below.

Figure 9-3: Provider Type and Specialty for SL

The example in **Figure 9-3** above shows this window in its initial state. Depending on the selections made from the Provider Type list and the Specialty list, this window dynamically updates to include the appropriate fields needed to describe the provider's licensure, certification, education, and/or other supporting documentation for the provider type-specialty pair.

Additionally, depending on the provider type-specialty pair that has been selected, this window might display one or more questions related to MaineCare program participation, laboratory services, and prescribing privileges. Use the red asterisks (*) that appear on the window to determine what fields are required. Be aware that the asterisks can also appear dynamically, depending on selections and field entries.

Depending on the provider type and specialty chosen additional items may be required. **License, certification** and **bonding** information may be required as well.

Figure 9-4: Sample Additional Items Required (e.g. License)

Follow the guidelines below to complete the fields that appear on this window- see **Figure 9-4** above. Remember, only those fields that apply to the provider type-specialty pair are displayed, all of the fields described below may or may not be displayed. If the appropriate provider type-specialty pair(s) is not known for the provider's practice, refer to the *Reference Guide for Valid Provider Type/Specialty Pairs* available on the online portal.

1. In the Provider Type list, the online portal provides a list of all available provider types that are appropriate for facility, agency, organization, and atypical providers. Select the provider type that best represents the provider's practice. This is a required field.

    After selecting a provider type, the online portal dynamically updates the remaining fields on this window.

2. In the Specialty list, the online portal provides a list of all possible specialties that are appropriate for the provider type selected. Some provider types have multiple possible specialties, others have only one possible specialty, and others do not require a specialty. Depending on the situation for the provider type selected, do one of the following:

    a. If the provider type has multiple possible specialties, select the specialty that best reflects the provider's practice. (If the provider practices multiple specialties, choose just one for now. Another provider type-specialty pair may be added after completing the information for the current one.) Continue with the next step.

    b.   If the provider type has only one possible specialty, the online portal automatically selects it. Continue with the next step.

    c.   If the provider type does not require a specialty, the online portal automatically displays *No Specialty Required* in this field. Continue with the next step.

In the fields beside the Specialty list, indicate the dates on which the provider began practicing this specialty (required) as well as the date on which the provider will stop practicing this specialty (optional: enter only if known).

3.   Complete the following fields only as they apply to the provider type-specialty pair selected. Use the red asterisks (*) that appear on the window to determine what fields are required.

    Be aware that the asterisks can also appear dynamically, depending on the selections and field entries. In addition, depending on the window resolution and size of the browser window, the user may need to scroll to the right to see all fields.

Respond to any questions that appear on the window. The questions are populated automatically, based on provider type and specialty. For some provider type-specialty pairs, no questions will be displayed.

Responses to some questions will result in the dynamic addition of more requested information on this window.

4.   In the License Type field, choose the licensing entity from the provided list. If the licensing entity needed does not appear in the list, choose **Other**. If the provider holds multiple licenses for a specialty, choose **Multiple**.

    a.   If Other or Multiple are selected, there are no additional fields to complete in the License group. After the completion of the online application, the user will be required to mail a copy of the provider's license(s).

    b.   Otherwise, in the License # field, supply the number of the license. In the fields beside the License # field, specify the dates on which the license became valid (required) as well as the license's term date (required).

License Note for Ambulance Services: Because Ambulance Services licenses in Maine have **no effective date**, follow these instructions for filling out the license information for Ambulance:

- If the license is a renewal and the provider has been licensed without interruption, enter the date one day after the expiration of the previous license as the ambulance license effective date.

- If the license is the provider's very first license, or if there has been a temporary discontinuation of licensure, enter the date on which the provider first operated the ambulance to convey patients under the new license as the effective date of that license.

5.   In the Certification Type field, choose the certifying entity from the provided list. If the certifying entity needed does not appear in the list, choose **Other**. If the provider holds multiple certificates for a specialty, choose **Multiple**.

    a.   If Other or Multiple, are selected there are no additional fields to complete in the Certificate group. Otherwise, in the Certificate # field, supply the number of the certificate. In the fields beside the Certificate # field, specify the dates on which the certificate became valid as well as the certificate's term date.

    b.   After the completion of the online application, the user will be required to mail a copy of the provider's certificate(s). The system will not prompt with a reminder, the user must do this or the application will be considered incomplete without it.

In addition, enrollment applications must include a signed AdvantageME Vendor Activation Form. This form is available on the left menu of the **Provider Tab** on the **online portal** under **Provider Useful Links**. It must be completed, signed, printed and mailed in with the signed provider agreement for the application to be processed. The system will not prompt with a reminder, the user must do this or the application will be considered incomplete without it.

6. In the Education field, provide the name of the college, university, or other educational institution where the provider received the education for the specialty listed above.

7. In the fields beside the Education field, provide the last date of attendance at that educational institution and indicate the degree obtained at the educational institution (Doctorate, Master's, Bachelor's, or no degree).

8. If enrolling a provider with clinical laboratory certification, indicate the CLIA certificate number, the dates during which the certificate is valid, and the certification level.

9. If enrolling a provider with prescribing privileges, indicate the DEA certificate number and the dates during which the certificate is valid.

10. If enrolling a healthcare organization, indicate whether the organization has certification from the Joint Commission on the Accreditation of Healthcare Organizations (i.e., whether the provider has a JCAHO number) as well as the dates during which the certificate is valid.

11. If enrolling a pharmacy, indicate the National Association of Boards of Pharmacy (NABP) certificate number as well as the dates during which the certificate is valid.

12. If enrolling a Speech/Hearing Therapist Group (Provider Type 67) or a Public School, Special Purpose Private School, or Intermediate Education Unit (Provider Types 87, 88, and 89, respectively), answer the questions regarding the professional staff. If the provider employs at least one qualified speech language professional AND one qualified audiologist at the service location, answer **"Yes"** to that question. From among the two or more hire dates of these staff, provide the earliest date on which the provider had engaged BOTH specialties (that is, the later of the two dates) and have continuously retained them up until the present time, i.e. the date the user is completing this enrollment. If the provider doesn't currently employ both specialties, respond **"No."**

    o If either of the professionals are contracted staff instead of employees, the user must answer **"No."** The provider must have both specialties represented by employees and base the Effective Date on employed professionals only.

    o A qualified speech language pathologist, however, would include a Licensed Speech-Language Pathologist or a Certificate 293 – Speech and Language Clinician.

13. In the Medicare Certificate fields, provide the Medicare certification number for the specialty listed in **step 2**. Also indicate the dates during which the certificate is valid.

14. Choose **Add This Specialty** button. If another specialty needs to be added to this service location complete **steps 1 through 4**.

After completing the fields on this window, do one of the following:

- To save the enrollment and continue to the next window, click the **Next** button.
- To save the enrollment and return to the previous window, click the **Previous** button.
- To save and continue with the enrollment process later, click the **Save and Close** button.

9.5   Indicate Program Participation

On the Programs window, indicate whether the provider enrolling participates in certain State Medicaid programs. The programs listed on this window are relevant to the provider's type. The Programs window is shown in **Figure 9-5** below.

Figure 9-5: Programs

To complete this window, follow these steps:

1. For each listed program, indicate whether the provider participates. Choose **Yes** if the provider participates, or choose **No** if the provider does not participate.

For certain programs in which the provider participates, the user may be asked to supply the provider's program identification number. If requested, this number is required.

For each program in which the provider currently does not participate, indicate whether the provider is interested in participating.

Depending on the provider type and specialty chosen at the service location, the list of **programs** offered for participation may vary.

After completing this window, do one of the following:

- To save the enrollment and continue to the next window, click the **Next** button. If the user indicated that the provider currently participates in the Primary Care Case Management (PCCM) program, proceed with the next section
- To save the enrollment and return to the previous window, click the **Previous** button.
- To save and continue with the process later, click the **Save and Close** button.

9.6   Supply Facility-Specific Information

Depending on the provider type and specialties defined for the service location, the Facility Information window might display one or more facility-specific questions. (If there are no additional questions to display, the window will show a message to that effect.) If there are questions on this window, the user must respond to them.

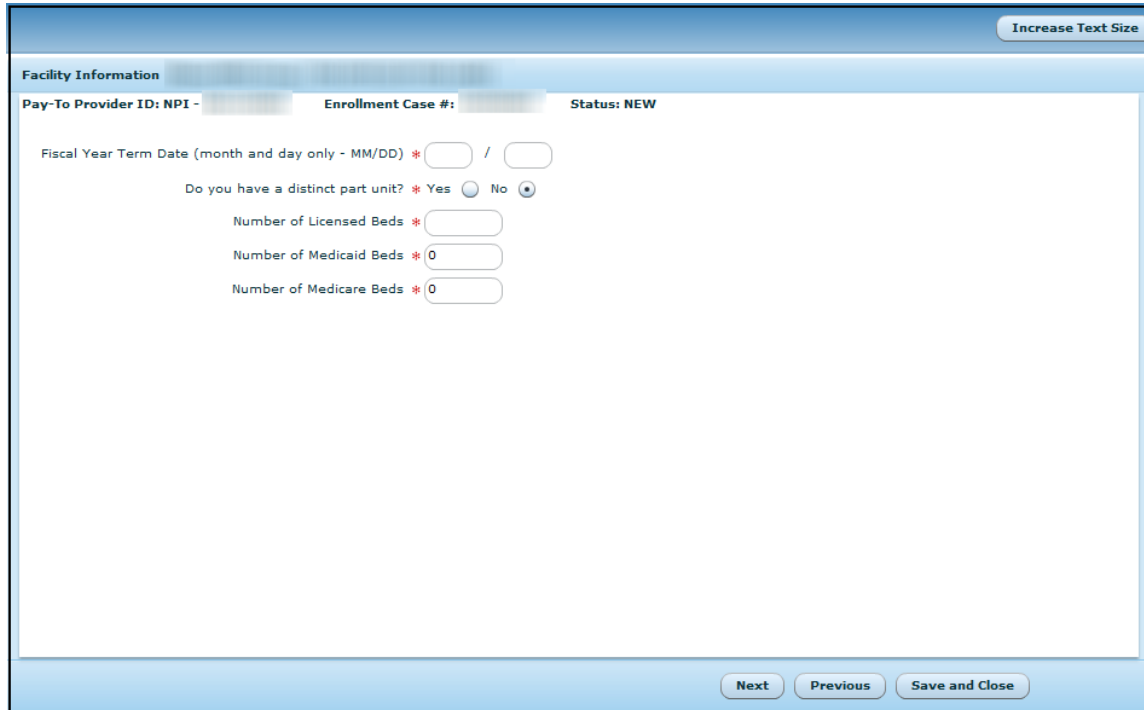An example of the Facility Information window is shown in **Figure 9-6** below.

Figure 9-6: Facility Information

For facilities that are not pharmacies, use this list for guidance to complete one or more of these fields:

1. In the Fiscal Year Term Date fields, supply the two-digit month and the two-digit day of the date on which the facility's fiscal year ends.
2. Indicate whether the facility has a distinct part unit. Choose either **Yes** or **No**.
3. Indicate whether the facility is accredited. Choose either **Yes** or **No**.
4. Indicate the number of licensed, Medicaid, or Medicare beds in the appropriate fields.

For pharmacies, the following fields will be shown:

1. In the Secure Fax # field, indicate the number of a secure fax at the pharmacy.
2. In the NABP Chain Code field, indicate the pharmacy's NABP chain code.
3. In the Chain Code Name field, supply the name associated with the pharmacy's NABP chain code.
4. In the Address 1 field, type the first line of the pharmacy's address. This is a required field.
5. If applicable, type the second line of the physical address in the Address 2 field. Do not enter city and/or state in this field.
6. In the ZIP/Postal Code field, type the ZIP or postal code for this address. This is a required field.
7. After entering the ZIP or Postal Code, the City, County, State/Province and Country fields are automatically populated. Verify that these fields contain the correct information.

8. In the Chain Code Start Date field, specify the date on which the chain code became effective for the pharmacy.
9. In the Chain Code End Date field, specify the date on which the chain code is no longer effective for the pharmacy.

After responding to all questions, do one of the following:

- To save the enrollment and continue to the next window, click the **Next** button.
- To save the enrollment and return to the previous window, click the **Previous** button.
- To save and continue with the enrollment process later, click the **Save and Close** button.

9.7 Specify PCCM Information

If the user indicated that the service location would be participating in the PCCM program, the PCCM Information window displays. On this window, the user can specify required PCCM program information. An example of this window is shown **Figure 9-7** below.

Figure 9-7: Primary Care Case Management

To complete this window, follow these steps:

1. In the Total Number of Patients field, indicate the total number of patients on the site panel.

2. In the Services Limited to Ages Of fields, indicate the minimum and maximum ages, in years, to which services are limited. For infants, specify 0 years. For maximum age, the greatest allowed value is 112 years.

3. If there are practice limitations for this service location, the user must populate the **Practice Limited To** list. To do so, select the appropriate limitation from the drop down list and click **Add**. The user may specify as many limitations as exist for the service location.

4. Indicate whether this service location will be an open PCP site (accepting new Medicaid patients) or closed (providing services only to current patients).

5. In the After Regular Office Hours section, indicate what happens when a patient calls the 24-hour telephone number. The user may choose more than one action, but at least one must be chosen. The choices are:

    a. An answering service contacts the site or the covering Medicaid provider.
    b. An answering machine directs patients to call a covering Medicaid provider.
    c. The call is transferred to another location, where someone can contact the site or a covering Medicaid physician.
    d. There is an alternate coverage arrangement. If an alternate arrangement exists, the user must explain it in detail in the box below this choice.

6. In the 24-hour Phone Number field, provide the site's 24-hour telephone number. This is a requirement of participation in the PCCM program.

In the final section of this window, the user can address any patients that are excluded from the PCP site. Exclusion of certain patients is allowed either when a lawsuit exists between the patient and either the provider or the site or when the patient has been formally discharged from the practice.

- In the patient exclusion fields, indicate the number of patients that are being excluding and specify the Medicaid ID for each excluded patient. If excluding one or more patients, the provider is required to provide the Medicaid IDs for those patients.

Do one of the following:

- To save the enrollment and continue to the next window, click the **Next** button.
- To save the enrollment and return to the previous window, click the **Previous** button.
- To save and continue with the enrollment process later, click the **Save and Close** button.

9.8 Continue to the Rendering Provider Segment

After clicking the Next button (either on the Programs window, if not participating in the PCCM program, or on the PCCM Information window), the online portal returns to the Add Service Location panel. To add another service location, repeat the same steps used to create the first service location.

If there is no need to add another service location, click the **No, I'm Done** button. The online portal closes the Add Service Location panel and displays a summary of the defined service locations. To continue with the next segment, click the **Next** button. Continue with the next section.

10. Complete the Rendering Provider Segment

10.1 Overview

In the Rendering Provider segment, the user must specify all MaineCare rendering providers that are affiliated with the service locations. Each rendering provider must be identified, confirm their address and other NPI-related information, specify their provider type and specialties, indicate their MaineCare program participation, and, if applicable, provide details for their PCCM details.

NOTE: If the provider type and specialty is listed as an FAO with Rendering Providers Required, the user is required to specify at least one rendering provider and to fill out the rendering provider section.

10.2 Search for a Rendering Provider

Search for a rendering provider in the NPI database. An example of the Search for Rendering Provider window is shown in **Figure 10-1** below.
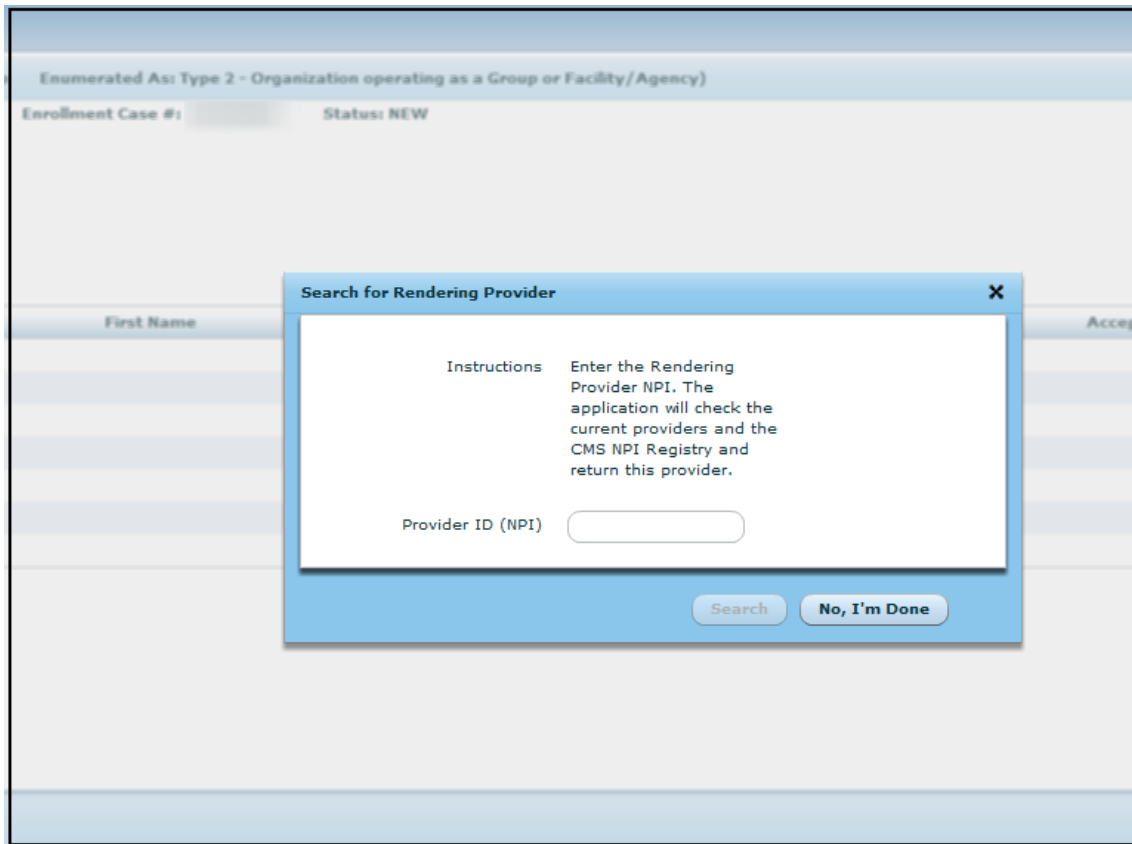

Figure 10-1: Search for Rendering Provider

On this window, type the NPI of a rendering provider in the field and click **Search**. The online portal searches its database for the NPI and, if it is found, continues to the next window. (If the online portal does not find the NPI entered, verify that the correct number was entered and search again.)

While entering a rendering provider (RP) on the online portal, the user may encounter a pop-up message indicating that the RP is currently being entered by another provider (this happens when the RP works for more than one provider), therefore the user is unable to enter the RP in the new case until the other provider's enrollment/maintenance case is complete.

Provider Enrollment Specialists have the ability to unlock the rendering provider. Please call Provider Enrollment at 1-866-690-5585, Option 2 to speak with a specialist. Once the rendering provider(s) is unlocked and entered by the specialist, the user will be able to enroll this rendering provider.

This is the error message that is displayed when there is a locked provider:

"An enrollment application for this Rendering Provider is currently in progress by another user. Please delay adding this Rendering Provider NPI to your application until the other user has completed their enrollment. If this situation continues to exist, please contact the MaineCare Provider Enrollment Unit at 1-866-690-5585, Option 1."

10.3 Confirm Address and Other NPI-Related Information

After the online portal locates the rendering provider's NPI in its database, it displays the details on the Rendering Provider window. An example of this window is shown in **Figure 10-2** below.

Figure 10-2: Rendering Provider

Confirm the details on this window, and make any necessary changes.

NOTE: Any changes made to the information on this window affect only the provider's enrollment application. To make changes in the NPI record, the user must also contact CMS and follow their procedures.

Also on this window, the user may optionally provide an email address for the rendering provider, the rendering provider's Medicaid ID and emergency phone number.

After completing the information on this window, do one of the following:

- To save the enrollment and continue to the next window, click the **Next** button.
- To save and continue with the enrollment process later, click the **Save and Close** button.
- To cancel all changes made on the window and return to the online portal home page, click the **Delete** button.

10.4 Specify Provider Type and Specialties

Specify the provider types and specialties that describe the rendering provider's practice at the facility's, organization's, agency's, or atypical provider's service location(s). On the Rendering Provider Type and Specialty window, the user can add one or more provider type-specialty pairs. An example of the Rendering Provider Type and Specialty window is shown in **Figure 10-3** below.

Figure 10-3: Rendering Provider Type and Specialty

The example in **Figure 10-3** above shows this window in its initial state. Depending on the selections made from the Provider Type list and the Specialty list, this window dynamically updates to include the appropriate fields needed to describe the provider's licensure, certification, education, and/or other supporting documentation for the provider type-specialty pair.

Additionally, depending on the provider type-specialty pair selected, this window might display one or more questions related to MaineCare program participation, laboratory services, and prescribing privileges.

Use the red asterisks (*) that appear on the window to determine what fields are required. Be aware that the asterisks can also appear dynamically, depending on the selections and field entries.

Depending on the provider type and specialty chosen additional questions may be asked. **License** and **certification** information may be required as well.

Follow the guidelines below to complete the fields that appear on this window. Remember, only those fields that apply to the provider type-specialty pair are displayed, all of the fields described below may or may not be displayed. If the appropriate provider type-specialty pair(s) is not known for the provider's practice, refer to the Reference Guides which contain tables of provider types and specialties as mentioned in **Section 5: Reference Materials**:.

1. In the Provider Type list, the online portal provides a list of all available provider types that are appropriate for rendering providers. Select the provider type that best represents the provider's practice. This is a required field.

   After selecting a provider type, the online portal dynamically updates the remaining fields on this window.

2. In the Specialty list, the online portal provides a list of all possible specialties that are appropriate for the provider type selected. Some provider types have multiple possible specialties, others have only one possible specialty, and others do not require a specialty. Depending on the situation for the provider type selected, do one of the following:

   a. If the provider type has multiple possible specialties, select the specialty that best reflects the provider's practice. (If the provider practices multiple specialties, choose just one for now. Another provider type-specialty pair may be added after completing the information for the current one.) Continue with the next step.

   b. If the provider type has only one possible specialty, the online portal automatically selects it. Continue with the next step.

   c. If the provider type does not require a specialty, the online portal automatically displays *No Specialty Required* in this field. Continue with the next step.

3. In the fields beside the Specialty list, indicate the dates on which the provider began practicing this specialty (required) as well as the date on which the provider will stop practicing this specialty (optional: enter only if known).

Complete the following fields only as they apply to the provider type-specialty pair selected. Use the red asterisks (*) that appear on the window to determine what fields are required.

Be aware that the asterisks can also appear dynamically, depending on the selections and field entries. Also, depending on the users screen resolution and size of the browser window, the user might need to scroll to the right to see all fields.

Respond to any questions that appear on the window. The questions are populated automatically, based on provider type and specialty. For some provider type-specialty pairs, no questions will be displayed.

Responses to some questions will result in the dynamic addition of more requested information on this window.

4. In the License Type field, choose the licensing entity from the provided list. If the licensing entity needed does not appear in the list, choose **Other**. If the provider holds multiple licenses for a specialty, choose **Multiple**.

   a. If Other or Multiple are selected, there are no additional fields to complete in the License group. After the completion of the online application, the user will be required to mail a copy of the provider's license(s).

   b. Otherwise, in the License # field, supply the number of the license. In the fields beside the License # field, specify the dates on which the license became valid (required) as well as the license's term date (required).

_____

5. In the Certification Type field, choose the certifying entity from the provided list. If the certifying entity needed does not appear in the list, choose **Other**. If the provider holds multiple certificates for a specialty, choose **Multiple**.

   a. If Other or Multiple are selected, there are no additional fields to complete in the Certificate group. Otherwise, in the Certificate # field, supply the number of the certificate. In the fields beside the Certificate # field, specify the dates on which the certificate became valid as well as the certificate's term date.

   b. After the completion of the online application, the user will be required to mail a copy of the provider's certificate(s).

6. In the Education field, provide the name of the college, university, or other educational institution where the provider received the education for the specialty listed above.

7. In the fields beside the Education field, provide the last date of attendance at that educational institution and indicate the degree obtained at the educational institution (Doctorate, Master's, Bachelor's, or no degree).

8. If enrolling a provider with clinical laboratory certification, indicate the CLIA certificate number, the dates during which the certificate is valid, and the certification level.

9. If enrolling a provider with prescribing privileges, indicate the DEA certificate number and the dates during which the certificate is valid.

10. If enrolling a healthcare organization, indicate whether the organization has certification from the Joint Commission on the Accreditation of Healthcare Organizations (i.e., whether the provider has a JCAHO number) as well as the dates during which the certificate is valid.

11. If enrolling a pharmacy, indicate the National Association of Boards of Pharmacy (NABP) certificate number as well as the dates during which the certificate is valid.

12. In the Medicare Certificate fields, provide the Medicare certification number for the specialty listed in **step 2**. Also indicate the dates during which the certificate is valid.

13. Choose the **Add This Specialty** button. If another specialty needs to be added to this rendering provider complete **steps 1 through 4**.

After completing the fields on this window, do one of the following:

- To save the enrollment and continue to the next window, click the **Next** button.
- To save the enrollment and return to the previous window, click the **Previous** button.
- To save and continue with the enrollment process later, click the **Save and Close** button.

10.5 Indicate Program Participation

On the Programs window, the user can indicate whether the provider enrolling participates in certain State Medicaid programs. The programs listed on this window are relevant to the provider's type. The Programs window is shown in **Figure 10-4** below.

Figure 10-4: Programs

To complete this window, follow these steps:

For each listed program, indicate whether the provider participates. Choose **Yes** if the provider participates, or choose **No** if the provider does not participate.

For certain programs in which the provider participates, the user may be asked to supply the provider's program identification number. If requested, this number is required.

For each program in which the provider currently does not participate, indicate whether the provider is interested in participating.

Depending on the provider type and specialty chosen for the rendering provider, the list of **programs** offered for participation may vary.

After completing this window, do one of the following:

- To save the enrollment and continue to the next window, click the **Next** button. If the user indicated that the provider currently participates in the PCCM program, proceed with the next section
- To save the enrollment and return to the previous window, click the **Previous** button.
- To save and continue with the enrollment process later, click the **Save and Close** button.

10.6 Specify PCCM Information

If the user indicated that the rendering provider would be participating in the PCCM program, the PCCM Information window displays. On this window, the user can specify required PCCM program information. An example of this window is shown in **Figure 10-5** below.

Figure 10-5: Rendering Provider PCCM

To complete this window, follow these steps:

1. In the Services Limited to Ages Of fields, indicate the minimum and maximum ages, in years, to which services are limited. For infants, specify 0 years. For maximum age, the greatest allowed value is 112 years.

2. If there are practice limitations for this service location, the user must populate the **Practice Limited To** list. To do so, select the appropriate limitation from the drop down list and click **Add**. The user may specify as many limitations as exist for the service location.

3. Indicate whether this rendering provider is accepting new patients. Choose either **Yes** or **No**.

Do one of the following:

- To save the enrollment and continue to the next window, click the **Next** button.
- To save the enrollment and return to the previous window, click the **Previous** button.
- To save and continue with the enrollment process later, click the **Save and Close** button.

10.7 Affiliate the Rendering Provider to One or More Service Locations

On the Affiliations window, the user can specify the service locations at which the rendering provider offers services. An example of the Affiliations window appears in **Figure 10-6** below.

Figure 10-6: Affiliations

Notice that this window lists all the service locations that were defined earlier in the application. If there are service locations that do not require rendering providers, as determined by the provider types and specialties that the user assigned them, they will appear in this list but the user will not be able to affiliate the rendering provider to them.

To complete this window, follow these steps:

1. To affiliate the rendering provider to a service location, click the **checkbox** in the **Affiliated** column beside the service location name.
2. For each service location to which the user affiliates the rendering provider, the user must indicate the date on which this affiliation began.

After completing the affiliation information, do one of the following:
- To save the enrollment and continue to the next window, click the **Next** button.
- To save the enrollment and return to the previous window, click the **Previous** button.
- To save and continue with the enrollment process later, click the **Save and Close** button.

10.8 Continue to the Documentation Segment

After clicking the **Next** button on the Affiliation window, the online portal returns the user to the Search for Rendering Provider panel. To add another rendering provider, repeat the same steps used to create the first rendering provider starting in **Section 9.2: Provide a Service Location Name**.

If there is no need to add another service location, click the **No, I'm Done** button, see **Figure 10-1**. The online portal will close the Search for Rendering Provider panel and display a summary of the defined rendering providers. To continue with the next segment, click the button labeled **Next**. Continue with the next section.

11. Complete the Documentation Segment

11.1 Overview

The final segment of the enrollment process presents policy sections and other documents to which the provider must attest as well as documents that must be signed and either scanned and uploaded or mailed in.

11.2 Attest to Additional Terms

The Additional Terms window displays policy sections to which the provider must attest. The online portal displays the appropriate documents based on all the provider types and specialties that were specified for the provider's service locations. An example of this window appears in **Figure 11-1** below.

Figure 11-1: Additional Terms Attestation

To complete this window, click the **link** to access the document, read the document and click the **checkbox** next to the document name to attest that the provider has read it and agrees to its terms and conditions.

Every provider must attest to Chapter One, MaineCare General Administrative Policies and Procedures . Depending on the provider type and specialties chosen in the application, there may be additional **attestations** to Policy requiring the provider's sign off.

After reviewing and attesting to all the documents, do one of the following:

- To save the enrollment and continue to the next window, click the **Next** button.

- To save the enrollment and return to the previous window, click the **Previous** button.

- To save and continue with the enrollment process later, click the **Save and Close** button.

11.3 Financial Agreement

On the Financial Agreement window, the user can specify whether they wish to have payments automatically deposited to their bank. An example of this window is shown in **Figure 11-2** below.

Figure 11-2: Financial Information

To complete this window, follow these steps:

- The following question must be answered: **"Do you wish to have your payments automatically deposited to your bank?"** Choose either **Yes** or **No**.

    o If the provider chooses No, they do not want to have payments automatically deposited, there are no additional fields to complete.
    o If the provider chooses Yes, they do want to have payments automatically deposited, follow these steps:

1. In the Provider's Account Number with Financial Institution field, enter the provider's account number. This is a required field.

2. In the Name on Account field, supply the name on the account. This is a required field.

3. In the Financial Institution Telephone Number field, type the telephone number. This is a required field.

4. In the Financial Institution Name field, supply the name of the bank. This is a required field.

5. In the Financial Institution Street Address 1 field, type the first line of the financial institution address. This is a required field.

6. In the Financial Institution Street Address 2 field, type the second line of the financial institution address, if applicable.

7. In the ZIP/Postal Code field, type the ZIP or postal code for this address. This is a required field.

8. After entering the ZIP or Postal Code, the City, County, State/Province and Country fields are automatically populated. Verify that these fields contain the correct information.

9. In the Type of Account at Financial Institution field, click the **drop down arrow** and choose either **Checking** or **Savings.** This is a required field.

10. In the Financial Institution Routing Number field, type the routing number for the bank. This is a required field.

11. The Effective Date field will be auto-populated by the online portal. (The provider's effective date will be determined once the EFT enrollment has been processed.)

12. In the Vendor/Provider Email Address for EFT information field, type the Vendor or Provider email address.

After completing all of the required fields, do one of the following:

- To save the enrollment and continue to the next window, click the **Next** button.
- To save the enrollment and return to the previous window, click the **Previous** button.
- To save and continue with the enrollment process later, click the **Save and Close** button.

11.4 Finalize Required Documentation

On the Documentation window, the online portal provides a list of documents that are required to complete the enrollment application. An example of this window appears in **Figure 11-3** below.

Figure 11-3: Documentation

The documents on this window are displayed based on all the provider types and specialties that were specified for the provider's service locations. Depending on which forms are listed, the user may be allowed to sign the form electronically, download a copy of the form, upload a scanned image of the completed form, or mail in a completed form.

- Disclosure of Ownership and Control Interest document will always be signed electronically.
- The provider must print off, sign, and mail in the Medicaid Provider Agreement to the address shown on the window.

Depending on the provider type(s) and specialties chosen in the application there may be additional **documentation** that can be signed electronically or needs to be signed and mailed to MaineCare.

For documents that are signed electronically, do the following:

1. Click the **Review Before Signing** button to view a PDF of the form.
2. Review the form's contents.
3. Do one of the following:
   a. If the form is acceptable, return to this window and click Sign Electronically in the row for the viewed form.
   b. If the form is unacceptable, return to the appropriate window to modify the data for the form.

For documents that may be downloaded, click the **Download** button in the row for the form the user wants to download. Follow the normal procedures for downloading forms and for viewing and printing PDF files.

For documents for which the user may upload a scanned image, do the following:

1. Download a copy of the form, as noted above.
2. Print the form.
3. Complete the form, according its instructions.
4. Scan the completed form, following the normal procedures for doing so.
5. Return to this window.
6. In the **Method of Submission** column for the form the user wants to upload, select **Upload**.
7. Click the **Upload** button for the form the user wants to upload.
8. Follow the prompts.

For documents that the user wants to mail in, do the following:

1. Download a copy of the form, as noted above.
2. Print the form.
3. Complete the form, according its instructions.
4. Indicate the **Enrollment Case Number** at the top of the form.
5. Mail the completed forms to the address noted at the top of this window.

After completing the tasks for the documents listed on this window, do one of the following:

- To save the enrollment and continue to the next window, click the **Next** button.
- To save the enrollment and return to the previous window, click the **Previous** button.
- To save and continue with the enrollment process later, click **Save and Close**.

12. Sign the Application Electronically

After the user has addressed all the documentation on the previous window, the final step is to sign the application electronically on the Signature and Submission window. An example of this window is shown in **Figure 12-1** below.

Figure 12-1: Signature and Submission

All electronic signature fields must be completed. This combination of the provider's name, the signatory's name, the signatory's SSN, or Group's FEIN and today's date (ensure the dates are entered in the format MM/DD/YYYY) ensures that the electronic signature is unique to the provider.

After the user has completed the fields on the Signature and Submission window, click the **Submit** button. The online portal submits the application and displays the Summary window, as shown in **Figure 12-2** below.

Figure 12-2: Summary

Notice that the Status field at the top of the window now indicates that the application has been submitted.

The text on this window indicates that provider will be notified when the application has been approved. Additionally, it provides instructions for checking the status of the application.

In the Required Documentation section, the online portal displays a table that contains all the documents that were addressed previously on the Documentation window. The user can click the **View** button to view them. Additionally, if needed, the user can download any documents that have an active **Download** button beside them.

13. Wrapping Up

After completing the electronic Enrollment, every applicant must complete online, print, sign, and mail in a Vendor Activation Form along with the other Enrollment documents. The Vendor Activation Form is found on the State Controller's website at http://www.maine.gov/osc/forms/index.shtml or on the left menu of the **Provider Tab** on the **online portal** under **Provider Useful Links**.

There may be additional **documentation** that needs to be mailed depending on the provider types and specialties chosen in the application. Mail all these items to:

> MaineCare Provider Enrollment
> P.O. Box 1024
> Augusta, Maine 04333-1024

Alternatively, Fax to: 1-877-314-8776

Print a cover sheet to include with any documents that are being mailed. Click the **Download** button to download this document. Follow the normal procedures for printing.

Follow the instructions on the cover sheet to prepare the mailing, and send the cover sheet and documents to the indicated address.